

**UNCLAIMED PROPERTY
ORIGINAL OWNER CLAIM FORM**

**Mail to: CITY OF SAN ANTONIO
FINANCE DEPARTMENT
P.O. BOX 839966
San Antonio, TX 78283-3966**

ATTACH THE FOLLOWING INFORMATION

- (A) Proof of your Social Security number (copy of your Social Security card or W2 form).
(B) Copy of your Driver's License or any official form used for identification.
(C) List all addresses used that may be associated with property being claimed, including P.O. boxes.

Failure to provide your IDENTIFICATION, SIGNATURE, or COMPLETION OF THIS CLAIM FORM will result in our returning it to you. You must be 18 or older to claim property. Social Security Number is NOT required, but may help in identifying you as the property owner.

CLAIMANT INFORMATION

NAME: _____ **SSN:** _____
(LAST) (FIRST) (MI)
CO-OWNER: _____ **SSN:** _____
(LAST) (FIRST) (MI)
ADDRESS _____ ()
CITY: _____ **STATE:** _____ **DAY TIME PHONE, INCLUDE AREA CODE** _____
ZIP: _____

OWNER PROPERTY INFORMATION

(Do NOT Change This Information)

Property ID: Check No. issued

Owner Name:

Year Reported:

Last Active Date:

Description:

Property Category:

Additional Owner Listed:

Property No.

Property Amount:

Claim Amount:

Reporting Department:

IC , Subsidiary

PLEASE NOTE: STATE LAW LIMITS THE FEES CHARGED BY ALL OUTSIDE SEARCH FIRMS OR PRIVATE INVESTIGATORS WHO ASSIST YOU IN LOCATING UNCLAIMED PROPERTY TO NO MORE THAN 10% OF THE AMOUNT OF THE CLAIM.

CLAIMANT SIGNATURE

The named Claimant hereby certifies that this claim for property presumed abandoned is valid and just, that all statements herein are true and correct, and that upon payment of this claim said Claimant will indemnify and hold harmless the City of San Antonio, and it's officers and employees from any damages, claims or losses of any kind resulting from the payment of the above described property to Claimant.

CLAIMANT _____ **DATE** _____ **CO-OWNER** _____ **DATE** _____

A law passed by the Texas Legislature allows the costs of publication & postage to be deducted from the amount(s) paid. (Tex. Prop. Code §76.504).

CLAIM NUMBER: _____ (for Internal Use Only)

ISSUE: _____

Amount Claimed

\$ _____

By: _____

Date: _____